

## PART B - FEE(S) TRANSMITTAL

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**INSTRUCTIONS:** This form should be used for transmitting the **ISSUE FEE** and **PUBLICATION FEE** (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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03/09/2004

SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.  
 P.O. BOX 2938  
 MINNEAPOLIS, MN 55402

*Theravance, Inc.*  
*901 Gateway Boulevard*  
*South San Francisco, CA*  
*94080*

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

*Barbara Bryant* (Depositor's name)  
*Barbara Bryant* (Signature)  
 June 4, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/847,041	05/01/2001	Martin S. Linsell	P-086-R	5226

TITLE OF INVENTION: POLYACID GLYCOPEPTIDE DERIVATIVES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<input checked="" type="checkbox"/> NO	<del>\$XXX</del> 1,330	\$300	<del>\$XXX</del> 1,630	06/09/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
DESAI, ANAND U	1653	514-008000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Jeffrey A. Hagenah**2 **Roberta P. Saxon**3 **Joyce G. Cohen**

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**Theravance, Inc.**

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

**South San Francisco, California, USA**Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies **10**

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.

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Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

**Joyce G. Cohen, Reg. No. 44,622****June 4, 2004**

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01 FC:1501 1330.00 DA  
 02 FC:1504 300.00 DA  
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PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

OMB 0651-0033

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